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Does stroke subtype influence survival in dysphagic stroke patients fed by a gastrostomy?

Introduction:

There is limited work looking at survival in gastrostomy fed stroke patients. This work evaluates a large cohort of gastrostomy patients, determining whether stroke subtype influences outcomes.

Methods:

Gastrostomy insertions occurring in Sheffield were examined using a local endoscopy database (Jan 2007 -Nov 2013). Notes were reviewed to classify strokes by Bamford Classification. Survival at 30-day and 1-year was compared using Chi-square tests.

Result:

260 gastrostomies were performed in stroke patients (mean age =79 years, range 24-105) during the study period. 30-day survival in this cohort was 83.5% (217/260) and 34.6% (90/260) at 1 year. Medical notes were retrieved for 165 patients. 8 patients were excluded as stroke wasn't the primary indication for gastrostomy. Of the remaining 157 patients (mean age =70 years, range 36-105), 68 (43.3%) had a Total Anterior Circulation Stroke (TACS), 73 (46.5%) had a Partial Anterior Circulation Stroke (PACS), 10 (6.3%) had a Posterior Circulation Stroke (POCS) and 6 (3.8%) had a Lacunar Stroke (LACS). 30-day survival by stroke subtype was 82.3% (56/68), 87.6% (64/73), 90.0% (9/10) and 83.3% (5/6) respectively. 1-year outcomes were 30.8% (21/68), 27.4% (20/73), 50.0% (5/10) and 0% (0/6) respectively. No statistically significant difference was noted in survival between stroke subtypes ($p=0.19$).

Conclusion:

This is the first study looking at stroke subtype in gastrostomy fed patients and showed no differences in survival. Given the poor survival identified, healthcare professionals need to carefully select patients for this intervention and provide careful counselling to patient and carers about the merits of this intervention.